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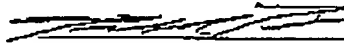
FAX COVER PAGE**OFFICIAL**

TO: U.S. Patent and Trademark Office
TELEFAX #: (703) 872-9306
ATTENTION: Examiner Thai
DATE: July 7, 2004
TIME: 2:50 p.m.
NUMBER OF PAGES: 8 total page(s) (including this cover)
FROM: Rochelle Lieberman, Esq.
RE: Serial No. 09/752,909
DESCRIPTION: Response to Office Action
COMMENT:

Voice Confirmation Required:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Original to Follow by Mail/Courier:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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CERTIFICATION OF TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office. Fax No. (703) 872-9306 on July 7, 2004.	
7/7/04 Date of Deposit	 Rochelle Lieberman

PATENT
Atty. Docket No.: BEA920000016US1

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Pai
SERIAL NO.:	09/752,909
FILING DATE:	December 28, 2000
FOR:	Volume Data Net Backup

Group Art Unit: 2186

Examiner: Thai, Tuan V.

OFFICIAL

RESPONSE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop: Non-Fee Amendment

Sir:

Enclosed is a response to the above-identified patent application.

- ☐ ___ verified statement(s) claiming small entity status
- ☐ are also enclosed ☐ was submitted previously.
- ☐ A Petition for Extension of Time is also enclosed.
- ☐ An Associate Power of Attorney is also enclosed.
- ☒ No additional fee is required.
- ☐ An additional fee is required, and is calculated as shown below:

FEE CALCULATION TABLE					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'L FEE
Total Claims	18	MINUS 20 =	0	x \$18 =	\$0
Independent Claims	3	MINUS 3 =	0	x \$84 =	\$0
If Amendment adds multiple dependent claims, add \$220.00					
Patent Extension Fee Under 37 C.F.R. §1.136(a) for ___ Months					N/A
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0

☐ A Credit Card Payment Form in the amount of \$___ is enclosed.

☐ Charge \$_____ to Deposit Account No.

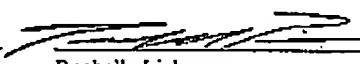
Respectfully submitted,

By: 

Rochelle Lieberman
Registration No. 39,276
Attorney for Applicant

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Date: July 7, 2004

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SERIAL NO.: **09/752,909**

FILING DATE: **December 28, 2000**

FOR: **Volume Data Net Backup**

Group Art Unit: **2186**

Examiner: **Thai, Tuan V.**

OFFICIAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313
Mail Stop: Non-Fee Amendment

Response to Office Action

Dear Sir:

In response to the Non-Final Office Action dated April 7, 2004, Applicant respectfully requests reconsideration of the outstanding rejection(s) of the claims in view of the remarks that follow.